

**TRANSMITTAL  
FORM**

<p align="center"><b>TRANSMITTAL FORM</b></p>	Application Serial Number	10/667,159
	Filing Date	September 19, 2003
	First Named Inventor	Gellman
	Group Art Unit	3732
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	BSC-065CPC1
	Confirmation No.	8455
	Patent No.	Not applicable
	Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul>	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <ul style="list-style-type: none"> <li><input type="checkbox"/> Formal Drawing(s)</li> </ul>	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <ul style="list-style-type: none"> <li><input type="checkbox"/> Appeal Brief (in triplicate)</li> </ul>
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]</li> </ul>	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <ul style="list-style-type: none"> <li><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)</li> </ul>	<input type="checkbox"/> Status Inquiry <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Return Receipt Postcard</li> <li><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8</li> </ul>
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer <ul style="list-style-type: none"> <li><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application</li> </ul>	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional Enclosure(s) (please identify below)</li> </ul>
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> Form PTO-1449</li> <li><input type="checkbox"/> Copies of IDS Citations</li> </ul>	<input type="checkbox"/> Small Entity Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> CD(s) for large table or computer program</li> </ul>	
<input checked="" type="checkbox"/> Supplemental Application Data Sheet (4 pgs)	<input type="checkbox"/> Amendment After Allowance <ul style="list-style-type: none"> <li><input type="checkbox"/> Request for Certificate of Correction</li> </ul>	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul>	<input type="checkbox"/> Certificate of Correction (in duplicate)	

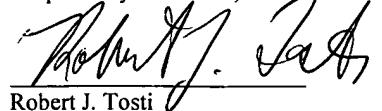
**CORRESPONDENCE ADDRESS**

Direct all correspondence to: Patent Administrator  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

**SIGNATURE BLOCK**

Date: January 30, 2004  
 Reg. No. 35,393  
 Tel. No.: (617) 248-7374  
 Fax No.: (617) 248-7100

Respectfully submitted,

  
 Robert J. Tosti

Attorney for Applicant  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110



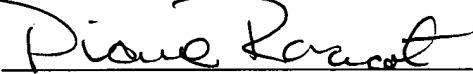
PATENT  
Attorney Docket No. BSC-065CPC1  
(1002/1460)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Gellman et al. CONFIRMATION NO.: 8455  
SERIAL NO.: 10/667,159 GROUP NO.: 3732  
FILING DATE: September 19, 2003 EXAMINER: Not Yet Assigned  
TITLE: Bone Anchor Placement Device With Recessed Anchor Mount

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 30<sup>th</sup> day of January, 2004.

  
Diane Racicot

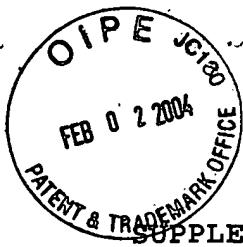
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 pg);
2. Supplemental Application Data Sheet (4 pgs);
3. Return-receipt postcard.

3013942



### Application Information

Application Number:: 10/667,159  
Filing Date:: September 19, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: Bone Anchor Placement Device With  
          Recessed Anchor Mount  
Attorney Docket Number:: BSC-065CPC1  
Total Drawing Sheets:: 39  
Small Entity?:: No  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Barry  
Middle Name:: N.  
Family Name:: Gellman  
Name Suffix::  
City of Residence:: North Easton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 19 Pebble Brook Road  
City of Mailing Address:: North Eastern  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02356-1300

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ghaleb  
Middle Name:: A.  
Family Name:: Sater  
Name Suffix::  
City of Residence:: Lynnfield  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 1200 Salem Street, Unit # 123  
City of Mailing Address:: Lynnfield  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01940

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Armand  
Middle Name::  
Family Name:: Morin  
Name Suffix::  
City of Residence:: Berkley  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 24 Locust Street  
City of Mailing Address:: Berkley  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02779

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA

Status:: Non-Signing Inventor  
Given Name:: Stephen  
Middle Name:: P.  
Family Name:: Beaudet  
Name Suffix::  
City of Residence:: Littleton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 82 Whitcomb Avenue  
City of Mailing Address:: Littleton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01460-1403

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/738,378	12/15/00
09/738,378	Continuation-in-part of	09/309,816	05/11/99
09/738,378	Non-provisional of	60/085,113	05/12/98
09/738,378	Non-provisional of	60/125,207	03/18/99
09/738,378	Continuation-in-part of	09/238,654	01/26/99
09/738,378	Non-provisional of	60/072,641	01/27/98

**Assignee Information**

Assignee Name:: Scimed Life Systems, Inc.  
City of Mailing Address:: Maple Grove  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: U.S.